

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10-585-673

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1	4				
6	4	1				
7	1	4				
8	4	1				
9	1	4				
10	4	1				
11	1	4				
12	①					
13	1	④				
14	1					
15		1				
16	1					
17		1				
18	1					
19		1				
20	1					
21	1	2				
22	2	1				
23	1	④				
24	④	1				
25	1	④				
26	④	1				
27		④				
28	④	1				
29		④				
30	④					
31		④				
32	1					
33	1	1				
34		1	1			
35	1		1			
36		4				
37	4					
38	4	4				
39	4	4				
40	4	4				
41	4	4				
42	4	4				
43	①					
44	①					
45		1				
46		1				
47	1					
48		1				
49	1					
50		1				
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		2				
53	2					
54	①					
55	②					
56	①					
57	①					
58	④					
59	1	1				
60	1					
61	1					
62	3	1				
63	1	④				
64	1	1				
65	1					
66	1	1				
67	1	1				
68		1				
69	1					
70		1				
71		1				
72		1				
73	2	2				
74	2					
75	①					
76	④	④				
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2		↓		↓	
TOTAL DEP.	33		←		←	←
TOTAL CLAIMS	35					